Motor Vehicle Division
ADOT
Mail Drop 818Z
Medical Review Program
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

46-3903 R10/08 www.azdot.gov

# RE-EXAMINATION REQUEST

Law Enforcement/MVD Use Only

Clear

| Driver Name (first, middle, last, suffix) | Date of Birth | Driver License Number | State |
|---|---|---|---|
| | | | |

| Street Address | City | State | Zip |
|---|---|---|---|
| | | | |

| Was there an accident? ❒ Yes ❒ No | Police Report Number | Complaint Number |
|---|---|---|
| | | |

Description (describe actions of the driver which led to the need for re-examination – **please do not attach police report**)

**Recommended Action** (please explain reason)

❒ Physician Medical Report

❒ Road Test (driving skills)

❒ Vision Screening

❒ Written Test

❒ Substance Abuse Evaluation

❒ Other:

The following information **must be completed in full.**

| Officer or MVD Agent Name (first, middle, last, suffix) | Signature | Badge Number |
|---|---|---|
| | | |

| Agency | Phone Number ( ) | Date |
|---|---|---|
| | | |